

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)

MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 9448-143US (G0272)

First Named Inventor: Masamichi AOKI

Express Mail Label No.: EV247366035US

Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

IMAGE FORMING APPARATUS

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. _____ filed _____.

Anticipated Group/Art Unit: _____ or Class _____, Subclass _____.

☐ This non-provisional patent application is based on Provisional Patent Application No. _____, filed _____.

Enclosed are:

☒ Specification (including Abstract) and claims: 18 pages.

☒ 5 sheets of drawings (formal).

☐ Application Data Sheet.

☒ Newly executed Declaration (original).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.

☒ Under PTO-1595 Cover Sheet, an assignment of the invention

☒ Name of Assignee: Oki Data Corporation

☒ Certified copy of Japanese Application No. 2003-027864 filed February 5, 2003
is filed: ☒ herewith or ☐ in prior application _____.

☐ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern,
or ☐ a Non-Profit Organization.

☐ Preliminary Amendment.

☐ Information Disclosure Statement, PTO/SB/08A, and cited references.

☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)

☐ Other:



The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	4-20 =	0	X9	\$	OR	X18	\$
Independent	1 - 3 =	0	X42	\$	OR	X84	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$	OR	TOTAL	\$ 750.00

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- ☒ A check in the amount of \$ 750.00 to cover the filing is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209448.0143)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$ _____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

August 4, 2003
(Date)

By:

William W. Schwarze

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WWS/vj
Enclosure

☒ Customer Number or Bar Code Label: **000570**